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CONFIRMATION NO. 9216

<b>SERIAL NUMBER</b> 10/804,360	<b>FILING OR 371(c) DATE</b> 03/19/2004 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3709	<b>ATTORNEY DOCKET NO.</b> 1001.1690102
<b>APPLICANTS</b> Roger Farnholtz, Fremont, CA; <b>** CONTINUING DATA *****</b> This application is a CON of 09/863,152 05/22/2001 PAT 6,716,207 <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 05/30/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>allowance</i> Verified and Acknowledged <i>Sam Shatta</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 23
			<b>INDEPENDENT CLAIMS</b> 4	
<b>ADDRESS</b> 28075				
<b>TITLE</b> Torqueable and deflectable medical device shaft				
<b>FILING FEE RECEIVED</b> 910	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	